S. No. 2
OM—5-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20648

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 227

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19520

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Six Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 702 South Crysler 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FRANK PRESTON RING

3. (b) If veteran, name war None

3. (c) Social Security No. 490-16-5695

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Ring

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased April (Month) 8 (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	2	10	hr. min.

9. Birthplace Pittsville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Charles T. Ring
13. Birthplace Odessa (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nannie E. Storall
15. Birthplace Odessa (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. L.V. Ring
(b) Address 822 Cleveland K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Odessa Mo.

18. (a) Signature of funeral director Geo C Carson
(b) Address 101 N. Pleasant Independence, Mo.

19. (a) June 30-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th. year 1946 hour 6 minute 30P.M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gun shot wound of abdomen	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 166
Of autopsy yes as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence 6-18-46
(c) Where did injury occur? Independence (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury 38 Pistol

23. Signature Jamie Walker 3 (M. D. ~~or other~~) Coroner
Address 1424 [illegible] Date signed 6-19-46

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(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1945

FEB 3 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Dean Owens

Licensed Embalmer No. 4280

P. O. Address Independence, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.